



## SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**Masika Akilah Ray for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2025 To: M M / D D / Y Y Y Y 12 / 31 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	2150.00	4632.86
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	2150.00	4132.86
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	9899.84	15818.12
(b) Total Offsets to Operating Expenditures (from Line 14).....	400.00	400.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	9499.84	15418.12
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>		
	1199.11	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>		
	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>		
	12484.37	

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Masika Akilah Ray for Congress

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	753.00	2253.00
(ii) Unitemized .....	1397.00	2379.86
(iii) TOTAL of contributions from individuals .....	2150.00	4632.86
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2150.00	4632.86
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	7402.10	12484.37
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	7402.10	12484.37
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	400.00	400.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	9952.10	17517.23

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9899.84	15818.12
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	500.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	9899.84	16318.12

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1146.85
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9952.10
25. SUBTOTAL (add Line 23 and Line 24).....	11098.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9899.84
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1199.11

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 39  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Masika Akilah Ray for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Fields, Lonnie, , ,  
Mailing Address 6063 FM 1251 E  
City Henderson State TX Zip Code 75652  
FEC ID number of contributing federal political committee. C  
Name of Employer Not Employed Occupation Not Employed  
Receipt For: 2026  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 10 2025  
Transaction ID : SA11AI.4404  
Amount of Each Receipt this Period  
503.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
Hunt, Evan, , ,  
Mailing Address 7101 Wellington pt. Rd.  
City Mckinney State TX Zip Code 75072  
FEC ID number of contributing federal political committee. C  
Name of Employer Echodyne Occupation Employee  
Receipt For: 2026  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 10 2025  
Transaction ID : SA11AI.4362  
Amount of Each Receipt this Period  
250.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
ActBlue  
Mailing Address PO BOX 441146  
City SOMERVILLE State MA Zip Code 02144  
FEC ID number of contributing federal political committee. C C00401224  
Name of Employer Occupation  
Receipt For: 2026  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 12 2025  
Transaction ID : SA11AI.4362.0  
Amount of Each Receipt this Period  
9.88  
 Memo Item  
Total earmarked through the conduit

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	753.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	753.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 39	
	<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Masika Akilah Ray for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Ray, Masika, Akilah, ,

Mailing Address 312 Meadowlark Ln.

City Longview	State TX	Zip Code 75603
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FEC ID number of contributing federal political committee. **C** H6TX01303

Name of Employer Elara Caring	Occupation Care
----------------------------------	--------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5283.27

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2025

**Transaction ID : SA13A.4389**

Amount of Each Receipt this Period  
200.00

Memo Item  
Loan from Masika Ray

**B.** Full Name (Last, First, Middle Initial)  
Ray, Masika, Akilah, ,

Mailing Address 312 Meadowlark Ln.

City Longview	State TX	Zip Code 75603
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FEC ID number of contributing federal political committee. **C** H6TX01303

Name of Employer Elara Caring	Occupation Care
----------------------------------	--------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5341.52

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2025

**Transaction ID : SA13A.4395**

Amount of Each Receipt this Period  
58.25

Memo Item  
Loan by Masika Ray

**C.** Full Name (Last, First, Middle Initial)  
Ray, Masika, Akilah, ,

Mailing Address 312 Meadowlark Ln.

City Longview	State TX	Zip Code 75603
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FEC ID number of contributing federal political committee. **C** H6TX01303

Name of Employer Elara Caring	Occupation Care
----------------------------------	--------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
9341.52

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2025

**Transaction ID : SA13A.4390**

Amount of Each Receipt this Period  
4000.00

Memo Item  
Loan by Masika Ray

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	4258.25
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 39
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Masika Akilah Ray for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Ray, Masika, Akilah, ,

Mailing Address 312 Meadowlark Ln.

City Longview	State TX	Zip Code 75603
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FEC ID number of contributing federal political committee. **C** H6TX01303

Name of Employer Elara Caring	Occupation Care
----------------------------------	--------------------

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10841.52

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2025

**Transaction ID : SA13A.4392**

Amount of Each Receipt this Period  
1500.00

Memo Item  
Loan by Masika Ray

**B.** Full Name (Last, First, Middle Initial)  
Ray, Masika, Akilah, ,

Mailing Address 312 Meadowlark Ln.

City Longview	State TX	Zip Code 75603
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FEC ID number of contributing federal political committee. **C** H6TX01303

Name of Employer Elara Caring	Occupation Care
----------------------------------	--------------------

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10847.70

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 01 / 2025

**Transaction ID : SA13A.4445**

Amount of Each Receipt this Period  
6.18

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
Ray, Masika, Akilah, ,

Mailing Address 312 Meadowlark Ln.

City Longview	State TX	Zip Code 75603
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FEC ID number of contributing federal political committee. **C** H6TX01303

Name of Employer Elara Caring	Occupation Care
----------------------------------	--------------------

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
11222.70

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2025

**Transaction ID : SA13A.4393**

Amount of Each Receipt this Period  
375.00

Memo Item  
Loan by Masika Ray

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1881.18
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 39  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Masika Akilah Ray for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Ray, Masika, Akilah, ,

Mailing Address 312 Meadowlark Ln.

City Longview State TX Zip Code 75603

FEC ID number of contributing federal political committee. **C** H6TX01303

Name of Employer Elara Caring Occupation Care

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
11280.95

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 02 / 2025

**Transaction ID : SA13A.4396**

Amount of Each Receipt this Period  
58.25

Memo Item  
Loan by Masika Ray

**B.** Full Name (Last, First, Middle Initial)  
Ray, Masika, Akilah, ,

Mailing Address 312 Meadowlark Ln.

City Longview State TX Zip Code 75603

FEC ID number of contributing federal political committee. **C** H6TX01303

Name of Employer Elara Caring Occupation Care

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
11483.95

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 02 / 2025

**Transaction ID : SA13A.4479**

Amount of Each Receipt this Period  
203.00

Memo Item  
Loan

**C.** Full Name (Last, First, Middle Initial)  
Ray, Masika, Akilah, ,

Mailing Address 312 Meadowlark Ln.

City Longview State TX Zip Code 75603

FEC ID number of contributing federal political committee. **C** H6TX01303

Name of Employer Elara Caring Occupation Care

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
12483.95

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 29 / 2025

**Transaction ID : SA13A.4394**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Loan by Masika Ray

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1261.25

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 9 OF 39	
<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Masika Akilah Ray for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Ray, Masika, Akilah, ,

Mailing Address 312 Meadowlark Ln.

City Longview	State TX	Zip Code 75603
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FEC ID number of contributing federal political committee. **C** H6TX01303

Name of Employer Elara Caring	Occupation Care
----------------------------------	--------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
12485.37

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 29 / 2025

**Transaction ID : SA13A.4477**

Amount of Each Receipt this Period  
1.42

Memo Item

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	1.42
<b>TOTAL</b> This Period (last page this line number only)..... ▶	7402.10

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 39  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Masika Akilah Ray for Congress**

**A.** Full Name (Last, First, Middle Initial)  
City of Henderson, TX

Mailing Address 300 Main St.

City Henderson State TX Zip Code 75652

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA14.4503**

Amount of Each Receipt this Period

Memo Item  
 Refund of deposit from June 24 for MCF

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="400.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="400.00"/>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 39			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Masika Akilah Ray for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. 903 Media</b>		M M / D D / Y Y Y Y 10 / 07 / 2025
Mailing Address 109 Dewitt St.		FEC Identification Number
City Pittsburg	State TX	Zip Code 75686
Purpose of Disbursement Media deposit for MCF Henderson		<input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>
State: District:		<b>Transaction ID : SB17.4460</b>
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. 903 Media</b>		M M / D D / Y Y Y Y 11 / 04 / 2025
Mailing Address 109 Dewitt St.		FEC Identification Number
City Pittsburg	State TX	Zip Code 75686
Purpose of Disbursement Media deposit for Mt. Pleasant event		<input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="40.00"/>
State: District:		<b>Transaction ID : SB17.4461</b>
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. 903 Media</b>		M M / D D / Y Y Y Y 12 / 03 / 2025
Mailing Address 109 Dewitt St.		FEC Identification Number
City Pittsburg	State TX	Zip Code 75686
Purpose of Disbursement Media for Mt. Pleasant Event		<input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="285.00"/>
State: District:		<b>Transaction ID : SB17.4462</b>
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text" value="725.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 39			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Masika Akilah Ray for Congress**

Full Name (Last, First, Middle Initial)

**A. AGE Graphics**

Mailing Address 678 Collins Rd

City Little Hocking State OH Zip Code 45742

Purpose of Disbursement Yard Signs

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 30 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 480.00

Transaction ID : SB17.4470

Memo Item

Full Name (Last, First, Middle Initial)

**B. Amazon.Com**

Mailing Address P.O. Box 81226

City Seattle State WA Zip Code 98108

Purpose of Disbursement Notebook

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 20 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 13.35

Transaction ID : SB17.4418

Memo Item

Full Name (Last, First, Middle Initial)

**C. Amazon.Com**

Mailing Address P.O. Box 81226

City Seattle State WA Zip Code 98108

Purpose of Disbursement Pilot Pens

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 20 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 13.78

Transaction ID : SB17.4419

Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 507.13

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 39	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Masika Akilah Ray for Congress**

Full Name (Last, First, Middle Initial) <b>A. Amazon.Com</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2025
Mailing Address P.O. Box 81226		FEC Identification Number C
City Seattle	State WA	Zip Code 98108
Purpose of Disbursement 107 Days Book for Research		Amount of Each Disbursement this Period 22.71
Candidate Name		Transaction ID : SB17.4424
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amazon.Com</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2025
Mailing Address P.O. Box 81226		FEC Identification Number C
City Seattle	State WA	Zip Code 98108
Purpose of Disbursement Stars & Stripes Flag TX. & USA		Amount of Each Disbursement this Period 31.37
Candidate Name		Transaction ID : SB17.4427
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Amazon.Com</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2025
Mailing Address P.O. Box 81226		FEC Identification Number C
City Seattle	State WA	Zip Code 98108
Purpose of Disbursement Blue tablecloths for the event		Amount of Each Disbursement this Period 60.61
Candidate Name		Transaction ID : SB17.4435
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	114.69
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 39	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Masika Akilah Ray for Congress**

Full Name (Last, First, Middle Initial) <b>A. Amazon.Com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2025
Mailing Address P.O. Box 81226		FEC Identification Number C
City Seattle	State WA	Zip Code 98108
Purpose of Disbursement Copy paper		Amount of Each Disbursement this Period 50.88
Candidate Name		Transaction ID : SB17.4467
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amazon.Com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2025
Mailing Address P.O. Box 81226		FEC Identification Number C
City Seattle	State WA	Zip Code 98108
Purpose of Disbursement Ink		Amount of Each Disbursement this Period 147.10
Candidate Name		Transaction ID : SB17.4468
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Austin Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2025
Mailing Address 911 NW W Loop 281		FEC Identification Number C
City Longview	State TX	Zip Code 75604
Purpose of Disbursement Office Rent		Amount of Each Disbursement this Period 375.00
Candidate Name		Transaction ID : SB17.4417
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	572.98
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 39		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Masika Akilah Ray for Congress**

**A. Austin Bank**

Full Name (Last, First, Middle Initial)

Mailing Address 911 NW W Loop 281

City Longview State TX Zip Code 75604

Purpose of Disbursement Rent for office space

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 05 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 375.00

Transaction ID : SB17.4466

Memo Item

**B. Austin Bank**

Full Name (Last, First, Middle Initial)

Mailing Address 911 NW W Loop 281

City Longview State TX Zip Code 75604

Purpose of Disbursement Office Rent

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 07 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 375.00

Transaction ID : SB17.4432

Memo Item

**C. City of Mt. Pleasant, TX.**

Full Name (Last, First, Middle Initial)

Mailing Address 501 N. Madison Ave.

City Mt. Pleasant State TX Zip Code 75455

Purpose of Disbursement Civic Center for event

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 20 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 600.00

Transaction ID : SB17.4436

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 1350.00

**TOTAL** This Period (last page this line number only).....▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 39			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Masika Akilah Ray for Congress**

Full Name (Last, First, Middle Initial) <b>A. Fiverr Inc.</b>			Date of Disbursement MM / DD / YYYY 11 / 05 / 2025		
Mailing Address 401 Broadway Suite 1600			FEC Identification Number C		
City New York	State NY	Zip Code 10013	Amount of Each Disbursement this Period 26.23		
Purpose of Disbursement Website graphic updates		Category/ Type	Transaction ID : SB17.4429		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Fiverr Inc.</b>			Date of Disbursement MM / DD / YYYY 11 / 06 / 2025		
Mailing Address 401 Broadway Suite 1600			FEC Identification Number C		
City New York	State NY	Zip Code 10013	Amount of Each Disbursement this Period 59.97		
Purpose of Disbursement Website graphic cont.		Category/ Type	Transaction ID : SB17.4431		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Fiverr Inc.</b>			Date of Disbursement MM / DD / YYYY 12 / 02 / 2025		
Mailing Address 401 Broadway Suite 1600			FEC Identification Number C		
City New York	State NY	Zip Code 10013	Amount of Each Disbursement this Period 59.97		
Purpose of Disbursement Corrections for Websiten Wix		Category/ Type	Transaction ID : SB17.4464		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	146.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 39			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Masika Akilah Ray for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. IDK Communications</b>		M M / D D / Y Y Y Y 11 / 24 / 2025
Mailing Address 22111 Legendre Rd.		FEC Identification Number
City Richmond	State TX	Zip Code 77407
Purpose of Disbursement Campaign Assistance		<input type="checkbox"/> Category/Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	1500.00
Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID : SB17.4443</b>
State:	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Riverside FM</b>		M M / D D / Y Y Y Y 10 / 28 / 2025
Mailing Address 2345 Yale Street, 1st Floor		FEC Identification Number
City Palo Alto	State CA	Zip Code 94306
Purpose of Disbursement Video Advertising		<input type="checkbox"/> Category/Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	290.88
Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID : SB17.4422</b>
State:	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Stay Saxy</b>		M M / D D / Y Y Y Y 10 / 02 / 2025
Mailing Address 1924 S. Wiley Ave.		FEC Identification Number
City Tyler	State TX	Zip Code 75701
Purpose of Disbursement DJ and Entertainment for MCF Event		<input type="checkbox"/> Category/Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	500.00
Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID : SB17.4458</b>
State:	District:	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2290.88
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 39			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Masika Akilah Ray for Congress**

Full Name (Last, First, Middle Initial)

**A. Stay Saxy**

Mailing Address 1924 S. Wiley Ave.

City Tyler State TX Zip Code 75701

Purpose of Disbursement DJ and Entertainment for MCF Event

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 01 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB17.4459

Memo Item

Full Name (Last, First, Middle Initial)

**B. Texas Democratic Party**

Mailing Address P.O. Box 15707

City Austin State TX Zip Code 78761

Purpose of Disbursement Registration for U S Candidacy

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 20 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 3125.00

Transaction ID : SB17.4438

Memo Item

Full Name (Last, First, Middle Initial)

**C. VistaPrint.com**

Mailing Address 100 Hayden Avenue

City Lexington State MA Zip Code 02421

Purpose of Disbursement Standard Postcards

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 05 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 153.72

Transaction ID : SB17.4430

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 3778.72

**TOTAL** This Period (last page this line number only).....▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 39	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Masika Akilah Ray for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Wix.com</b>		M M / D D / Y Y Y Y 10 / 03 / 2025
Mailing Address 500 Terry A Francois Blvd, Ste 600		FEC Identification Number
City San Francisco	State CA	Zip Code 94158
Purpose of Disbursement Website advertising		<input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	<input type="text" value="21.65"/>
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>Transaction ID : SB17.4415</b>
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Wix.com</b>		M M / D D / Y Y Y Y 12 / 02 / 2025
Mailing Address 500 Terry A Francois Blvd, Ste 600		FEC Identification Number
City San Francisco	State CA	Zip Code 94158
Purpose of Disbursement Website for Campaign		<input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	<input type="text" value="21.65"/>
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>Transaction ID : SB17.4463</b>
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Wix.com</b>		M M / D D / Y Y Y Y 12 / 03 / 2025
Mailing Address 500 Terry A Francois Blvd, Ste 600		FEC Identification Number
City San Francisco	State CA	Zip Code 94158
Purpose of Disbursement Service Fee		<input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	<input type="text" value="3.50"/>
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>Transaction ID : SB17.4408</b>
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text" value="46.80"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="9532.37"/>

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Masika Akilah Ray for Congress** Transaction ID : **SC/10.4213**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Ray, Masika, Akilah, ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
312 Meadowlark Ln.			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Longview	TX	75603	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	02 / 07 / 2025	None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	100.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Masika Akilah Ray for Congress** Transaction ID : **SC/10.4214**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Ray, Masika, Akilah, ,			<input checked="" type="checkbox"/> Primary
Mailing Address 312 Meadowlark Ln.			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City Longview	State TX	ZIP Code 75603	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
------------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 23 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	1000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Masika Akilah Ray for Congress** Transaction ID : **SC/10.4215**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Ray, Masika, Akilah, ,			<input checked="" type="checkbox"/> Primary
Mailing Address 312 Meadowlark Ln.			<input type="checkbox"/> General
City Longview		State TX	ZIP Code 75603
			<input checked="" type="checkbox"/> Personal Funds of the Candidate
Original Amount of Loan		Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00		0.00	500.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 07 / 21 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	500.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Masika Akilah Ray for Congress** Transaction ID : **SC/10.4281**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Ray, Masika, Akilah, ,			<input checked="" type="checkbox"/> Primary
Mailing Address 312 Meadowlark Ln.			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City Longview	State TX	ZIP Code 75603	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
-----------------------------------	------------------------------------	---

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 07 / 31 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	500.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Masika Akilah Ray for Congress** Transaction ID : **SC/10.4282**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Ray, Masika, Akilah, ,			<input checked="" type="checkbox"/> Primary
Mailing Address 312 Meadowlark Ln.			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City Longview	State TX	ZIP Code 75603	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 05 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	500.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Masika Akilah Ray for Congress** Transaction ID : **SC/10.4298**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Ray, Masika, Akilah, ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
312 Meadowlark Ln.			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Longview	TX	75603	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
53.23	0.00	53.23

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	08 / 21 / 2025	None		

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	53.23
<b>TOTALS</b> This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Masika Akilah Ray for Congress** Transaction ID : **SC/10.4297**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Ray, Masika, Akilah, ,			<input checked="" type="checkbox"/> Primary
Mailing Address 312 Meadowlark Ln.			<input type="checkbox"/> General
City Longview		State TX	ZIP Code 75603
			<input checked="" type="checkbox"/> Personal Funds of the Candidate
Original Amount of Loan		Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00		0.00	500.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 08 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	500.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Masika Akilah Ray for Congress** Transaction ID : **SC/10.4331**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Ray, Masika, Akilah, ,			<input checked="" type="checkbox"/> Primary
Mailing Address 312 Meadowlark Ln.			<input type="checkbox"/> General
City Longview		State TX	ZIP Code 75603
			<input checked="" type="checkbox"/> Personal Funds of the Candidate
Original Amount of Loan		Cumulative Payment To Date	Balance Outstanding at Close of This Period
400.00		0.00	400.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 15 / 2025	M M / D D / Y Y Y Y 3/3/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	400.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Masika Akilah Ray for Congress** Transaction ID : **SC/10.4333**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Ray, Masika, Akilah, ,			<input checked="" type="checkbox"/> Primary
Mailing Address 312 Meadowlark Ln.			<input type="checkbox"/> General
City Longview		State TX	ZIP Code 75603
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 24 / 2025	3/3/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	1500.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Masika Akilah Ray for Congress** Transaction ID : **SC/10.4344**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Ray, Masika, Akilah, ,			<input checked="" type="checkbox"/> Primary
Mailing Address 312 Meadowlark Ln.			<input type="checkbox"/> General
City Longview		State TX	ZIP Code 75603
			<input checked="" type="checkbox"/> Personal Funds of the Candidate
Original Amount of Loan		Cumulative Payment To Date	Balance Outstanding at Close of This Period
29.04		0.00	29.04

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 24 / 2025	3/3/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	29.04
<b>TOTALS</b> This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Masika Akilah Ray for Congress** Transaction ID : **SC/10.4389**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Ray, Masika, Akilah, ,			<input checked="" type="checkbox"/> Primary
Mailing Address 312 Meadowlark Ln.			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City Longview	State TX	ZIP Code 75603	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200.00	0.00	200.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	10 / 06 / 2025	none	14.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	200.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4395  
 Masika Akilah Ray for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Ray, Masika, Akilah, ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 312 Meadowlark Ln.		
City Longview	State TX	ZIP Code 75603
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 58.25	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 58.25
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<b>TERMS</b> Date Incurred M M / D D / Y Y Y Y 11 / 04 / 2025	Date Due M M / D D / Y Y Y Y none	Interest Rate (If none, enter 0) 14.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	58.25
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Masika Akilah Ray for Congress** Transaction ID : **SC/10.4390**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Ray, Masika, Akilah, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 312 Meadowlark Ln.		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Longview	State TX	ZIP Code 75603
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 4000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 4000.00
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 10 / 2025	M M / D D / Y Y Y Y none	14.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	4000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Masika Akilah Ray for Congress** Transaction ID : **SC/10.4392**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Ray, Masika, Akilah, ,			<input checked="" type="checkbox"/> Primary
Mailing Address 312 Meadowlark Ln.			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City Longview	State TX	ZIP Code 75603	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1500.00
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 24 / 2025	M M / D D / Y Y Y Y none	14.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	1500.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4445  
**Masika Akilah Ray for Congress**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Ray, Masika, Akilah, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 312 Meadowlark Ln.		<input type="checkbox"/> General
City Longview		<input type="checkbox"/> Other (specify) ▼
State TX	ZIP Code 75603	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6.18	0.00	6.18

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 01 / 2025	M M / D D / Y Y Y Y none	14.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	6.18
<b>TOTALS</b> This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Masika Akilah Ray for Congress** Transaction ID : **SC/10.4393**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Ray, Masika, Akilah, ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
312 Meadowlark Ln.			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Longview	TX	75603	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
375.00	0.00	375.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 02 / 2025	M M / D D / Y Y Y Y none	14.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	375.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4396  
 Masika Akilah Ray for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Ray, Masika, Akilah, ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 312 Meadowlark Ln.		
City Longview	State TX	ZIP Code 75603 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 58.25	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 58.25
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<b>TERMS</b> Date Incurred M M / D D / Y Y Y Y 12 / 02 / 2025	Date Due M M / D D / Y Y Y Y none	Interest Rate (If none, enter 0) 14.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	58.25
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4479

Masika Akilah Ray for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Memo Item

Election: 2026

Primary  
 General  
 Other (specify) ▼

Ray, Masika, Akilah, ,

Mailing Address

312 Meadowlark Ln.

City

Longview

State

TX

ZIP Code

75603

Personal Funds of the Candidate

Original Amount of Loan

203.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

203.00

TERMS

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 / 02 / 2025

M M / D D / Y Y Y Y  
none

14.00 % (apr)

Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional).....▶

203.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Masika Akilah Ray for Congress** Transaction ID : **SC/10.4394**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Ray, Masika, Akilah, ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
312 Meadowlark Ln.			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Longview	TX	75603	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 29 / 2025	M M / D D / Y Y Y Y none	14.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	1000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Masika Akilah Ray for Congress** Transaction ID : **SC/10.4477**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Ray, Masika, Akilah, ,			<input checked="" type="checkbox"/> Primary
Mailing Address 312 Meadowlark Ln.			<input type="checkbox"/> General
City Longview		State TX	<input type="checkbox"/> Other (specify) ▼
ZIP Code 75603		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1.42	0.00	1.42

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	12 / 29 / 2025	none	14.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	1.42
<b>TOTALS</b> This Period (last page in this line only).....▶	12484.37

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.